

Bureau of Health Care Quality & Compliance

POC approved 6/8/09 [signature]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN632HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2009
NAME OF PROVIDER OR SUPPLIER BHC WEST HILLS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1240 E NINTH ST RENO, NV 89515		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure revisit survey initiated on 4/27/09 and finalized on 4/29/09.</p> <p>Four complaints were investigated during the survey.</p> <p>Complaint #NV00021521 was partially substantiated with no deficiencies cited.</p> <p>Complaint # NV00021540 was partially substantiated with no deficiencies cited.</p> <p>Complaint #NV00021491 was unsubstantiated with no deficiencies cited.</p> <p>Complaint # NV00021484 was unsubstantiated with no deficiencies cited.</p> <p>The survey was conducted using the authority of Nevada Administrative Code 449, Hospitals. Deficiencies were cited as a result of the revisit survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 088 SS=D	<p>NAC 449.316 Physical Environment</p> <p>1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.</p>	S 088	<p>NAC 449.316 PHYSICAL ENVIRONMENT</p> <p>West Hills Hospital now ensures that in all patient environments adequate safeguards are in place for all patients by storing all electrical cords in a safe manner.</p>	

RECEIVED

JUN 05 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
[Signature] CEO

(x6) DATE

6/5/09

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S318	Continued from page 1	S 088	RESPONSIBLE PERSON(S): Executive Director Plant Ops Dir. Clinical Services HOW MONITORED: Checks for unplugged, loose electrical cords not stored safely out of patient sight and reach have been added to EOC rounds made daily on all shifts and to Leadership Safety Rounds made daily. Reports of unsafe conditions are corrected immediately. Findings are reported to the Director of Performance Improvement daily. Data is aggregated, analyzed and reported to Safety Committee monthly for oversight.	

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S145	<p>Continued From page 2</p> <p>likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning. The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to adequately document the discharge plans for 1 of 16 patients. (Patient #12)</p> <p>Findings include:</p> <p>Patient #12 was admitted to the facility on 4/11/09 with diagnoses including substance abuse and addiction, and schizophrenia. A review of the treatment plan did not clearly indicate where the patient would live on discharge. One interview note revealed that the patient had a place in Fallon which he did not want to lose. There was no further mention of Fallon in the record. The patient was unable to return to his former residence as he had a confrontation with the manager. On 4/13/09 the treatment plan listed an anticipated discharge date of 4/20/09 with a note to offer group and encourage attendance.</p> <p>An interview with staff on 4/21/09 revealed if Patient #12 was to complete a 21 day rehabilitation program, his public guardian would rent him an apartment. There was no mention of this plan in the record.</p> <p>A review of a form in the record titled "Discharge Planning draft" was blank.</p> <p>Severity: 2 Scope:1</p>	S 145	<p>NAC 449.332 DISCHARGE PLANNING</p> <p>West Hills Hospital now ensures that discharge plans are documented for all patients.</p> <p>ACTION(S) TAKEN:</p> <p>Training about discharge planning requirements and progress note documentation expectations was held for social services staff, including the unit clerk and the discharge planner.</p> <p>RESPONSIBLE PERSON(S): Interim Dir. Social Services Director of Clinical Services</p> <p>HOW MONITORED:</p> <p>An audit of social services documentation done daily will measure inclusion of discharge planning in social services progress notes. Remedial training, if needed, is conducted immediately. Audit findings are reported to the Director of Performance Improvement daily. Data are aggregated, analyzed and reported to the PI Committee monthly and to the MEC and Governing Board quarterly for oversight.</p>	5/1/09
S 318 SS=D	<p>NAC 449.3626 Rights of Patient</p> <p>A governing body shall develop and carry out</p>	S 318	<p>NAC 449.3626 RIGHTS OF PATIENT</p>	

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S318	<p>Continued From page 3</p> <p>policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and policy review, the facility failed to treat patients on the youth services unit in a considerate and respectful manner.</p> <p>Findings include:</p> <p>On 4/27/09 at 12:30 PM, during observations of the youth services unit, a nurse was observed verbally interacting with a patient through the window into the nurses' station. The patient had been overheard asking for something other than what was served for lunch. The nurse was then overheard asking the patient why he wanted to become a ranch hand. The patient responded that he wanted to work on a ranch. The nurse was then overheard to change the dialect of her voice to a southern dialect and repeatedly asked the patient "what are you going to do when you become a ranch hand? Who are you going to ask then, the horses, or the cows? The nurse could be overheard by other persons on the unit.</p> <p>On 4/27/09 at 12:15 PM, a nurse was overheard reporting to the other staff members that the unit would be getting an admit that day. She was then overheard saying "another one from Carson. There must be something in the water in Carson." The nurse was overheard repeating the comment again at 1:10 PM. The nurse could be overheard by other persons on the unit.</p> <p>On 4/29/09 at 10:00 AM, the corporate representative was interviewed and reported that both nurses had behaved in a manner not acceptable at the facility.</p>	S 318	<p>West Hills Hospital now ensures that patients' rights are honored and that all patients, including those on the youth services unit, are treated in a considerate and respectful manner.</p> <p>ACTION(S) TAKEN:</p> <p>Coaching, counseling and disciplinary actions, including terminations, as appropriate are done with any individual staff member whose behavior or speech actually or potentially is inconsiderate or disrespectful to patients.</p> <p>A new Director of Clinical Services (DCS) has been hired to establish appropriate professional standards of conduct on the patient care units at all times.</p> <p>An Assistant Director of Nursing (asst. DON) position has been created to strengthen professional nursing leadership throughout the facility.</p> <p>A new Unit Manager for Youth Services has been hired to enforce appropriate professional standards of conduct on the unit at all times.</p>	<p>4/30/09 and On- going</p> <p>6/1/09</p> <p>6/1/09</p> <p>6/1/09</p>

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S318	Continued From page 4 Severity: 2 Scope: 1	S 318	<p>An agenda item for the scheduled "Town Hall" all facility staff meeting is an interactive discussion and training by the new DCS on appropriate professional standards of conduct.</p> <p>RESPONSIBLE PERSON(S): Director of Clinical Services (DCS) Asst. DON Unit Managers</p> <p>HOW MONITORED:</p> <p>Any infraction of patients' rights, including considerate treatment and respect, observed by any staff member is reported to the Director of Performance Improvement within 24 hours. Immediate corrective action is taken, including coaching, counseling, discipline, or remedial education. Data are aggregated, analyzed for trends, and presented to the Performance Improvement Committee on a monthly basis, and to the MEC and Governing Board quarterly for oversight.</p> <p>The CEO monthly "Coffee with Dave" gathers employee feedback on perceptions of the patient populations served and patients' rights issues, and reinforces compliance with expectations that all patients are treated considerately and with respect at all times. Data is</p>	6/5/09

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S318	Continued from page 6	S 318	collected and analyzed. A report is presented by the CEO to the Governing Board quarterly for oversight.	

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